

Division of Consolidated Laboratory Services Internship Reference Form

To be completed by an academic professional with knowledge of the applicant's coursework or lab work. Reference form must be mailed in a signature sealed envelope with the application packet to the address listed below.

The applicant listed below has applied for an internship at the Virginia Division of Consolidated Laboratory Services (DCLS). The applicant has given your name as a reference. Please rate the applicant with respect to each of the qualifications listed. Thank you in advance for your honest assessment of the applicant.

Applicant Name:
Reference Name/Title:
Reference Email:
Relationship of Reference to Applicant:

Qualification	Excellent	Good	Fair	Poor	Unable to Rate	Comments
Honesty/Integrity						
Maturity						
Dependability						
Self-discipline						
Ability to work in a team environment						
Work Attitude						
Oral and written communication skills						
Ability to follow instructions						
Aptitude for lab work						



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lease use this space to include additional comments for consideration when evaluating this candidate's internship Oplication (Use additional pages if necessary)						

Please return the completed form in a either a sealed, signed envelope to the mailing address below.

Mailing Address:

Division of Consolidated Laboratory Services Attn: Internship Committee 600 North 5th Street, Richmond, VA 23219

